



Underground Injection Control (UIC) Well Registration Form for Voluntary Cleanup Sites

The purpose of this form is to register with the Department of Ecology UIC wells used at voluntary clean up sites that inject products or treated ground water.

A. Facility Name and Location

Facility Name _____
Facility Address _____
City _____ State _____ ZIP _____
Phone at the facility _____

County _____
Township, Range, Section, Quarter-Quarter _____
Parcel Number _____

B. Contact Information

Well Owner

Name _____
Organization _____
Address _____
City _____ State _____ ZIP _____
Phone _____

Property Owner

Same as Well Owner: ☐
If not the same, complete below:

Name _____
Organization _____
Address _____
City _____ State _____ ZIP _____
Phone _____

Technical Contact Person, if applicable (Engineer, Contractor, Consultant)

Name _____
Organization _____
Address _____
City _____ State _____ ZIP _____
Phone _____

C. Facility Description

List the Primary Standard Industrial Classification Code (SIC) or NAIC Code for your facility
(<http://www.census.gov/epcd/www/naics.html>)

SIC Code _____ or NAIC Code _____

Briefly describe the type or nature of business at this facility:

D. Site and Project information

The following information is required to determine rule authorization for UIC wells used at a **voluntary clean up site**. Please attach this information with your registration.

1. Describe the overall process. The table in Section E provides a place to list injection substances, amounts by weight, estimated volumes and the estimated maximum concentrations as the substance leaves the injection well. Alternatively, you may attach this information on a separate sheet.
2. Site map including the location of monitoring wells, UIC wells and the plume.
3. Drill logs and as-built drawings of monitoring wells.
4. Depth to ground water, flow direction and hydraulic conductivity.
5. Characterization of the hydrogeology at the site.
6. Detailed evaluation of whether injected products and by products will be contained on site or not. Include a brief description of the monitoring plan.
7. Description of potential by-products of the process.
8. Description of existing ground water quality.

Approximately when will the injection project start? _____

Approximately when will the injection project end? _____

Distance from property line to nearest of surface water, to the nearest foot: _____

Distance from property line to nearest drinking water well, to the nearest foot: _____

E. Other UIC Well Information

	1	2	3	4	5	6	7
Well ID Name or Number							
Latitude							
Longitude							
Construction Date							
EPA Well Type (see table)							
Status (<u>A</u> ctive, <u>U</u> nused, <u>C</u> losed, <u>P</u> roposed)							
Depth of UIC well							
Injectate Information (Use this table or attach on a separate sheet)							
Injection substance							
Mass							
Mass Units							
Volume ¹							
Volume Units							
Concentration ²							
Concentration Units							

¹ Volume includes water or other liquid that is mixed with the injectate prior to injection.

² Estimate what the maximum concentration would be as the substance leaves the injection well.

EPA Class V Well Types

5A19 Cooling Water Return	5A6 Geothermal Heat	5W11 Septic System	5A7 Closed Loop Heat Pump Return
5D2 Stormwater	5R21 Aquifer Recharge	5W20 Industrial Process Water	5X26 Aquifer Remediation
5D4 Industrial Storm Runoff	5W9 Untreated Sewage	5W31 Septic System (well disposal)	5X27 Other Wells
5G30 Special Drainage Water	5W10 Cesspool	5W32 Septic System (drainfield)	5X28 Motor Vehicle Waste

Signature of authorized representative

I hereby certify that the information contained in this registration is true and correct to the best of my knowledge.

Name of legally authorized representative

Title

Signature of legally authorized representative

Date

For Department Use Only	
Site ID:	
Date received:	
Date acknowledged:	
Date Entered:	
Final Disposition:	

Please send completed form to: UIC Coordinator, Water Quality Program, Washington Department of Ecology, P.O. Box 47600, Olympia, WA 98504-7600

If you need this publication in an alternate format, please call the Water Quality Program at 360-407-6404. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

Instructions for the UIC Well Registration Form for Voluntary Cleanup Site

A. Facility Name and Location

Provide the name, address, and phone number of the facility where the UIC wells are or will be located. Provide the county parcel number for the facility.

B. Contact Information

Well Owner: Provide the well owner's name, organization, address and phone number.

Property Owner: Complete if different than the Well owner

Technical Contact: Provide the name, organization, address, and telephone number of the person to contact in case there are any questions about this registration.

C. Facility Description

SIC or NAICS Codes for your industry or commercial business: Enter the Standard Industrial Classification (SIC) four-digit code **or** North American Industry Classification System five or six-digit code (NAICS) for the facility.

These codes are used to describe the primary activity at the facility that generates the most money and may be found on fire marshal reports, insurance papers, or tax forms. The NAICS codes replaced the SIC system in 1997; however, it is usually easy to convert between the two systems so either code is acceptable. SIC or NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at <http://www.naics.com/search.htm>. Include a secondary code if applicable.

Briefly describe the type or nature of business at this facility: For example, a gas station, rental business for the home, yard, and contractor equipment with in-house maintenance shop, or retail convenience store.

D. Site and Project Information

Provide the answers to questions, section D as an attachment. Some of the questions can be answered in section E. Ecology will contact you if the additional information is needed.

E. Other UIC Well Information

- Well ID: Provide your well identification name or number.
- Latitude and longitude: Enter the latitude and longitude in decimal degrees for each UIC well. Visit <http://ww4.doh.wa.gov/scripts/esrimap.dll?Name=geoview&Cmd=Map> and type the address in at the bottom of the screen. Locational information including, latitude and longitude will be found in a table below the map.
- Construction Date: Provide the approximate date the well was installed. EPA well type:
- EPA well types are listed in the table 1 below.
- Status: Active if the well is in use; unused if well is not in use, closed, or proposed if the well is in the design phase.
- Well depth: Provide the approximate well depth.
- Injection substance: provide name of product to be injected.
- Provide mass of injected substance and mass units.
- Provide the mass units of the injected substance.
- Provide the volume, volume units, concentration of the injected fluid and the concentration units.